



Siksika Housing

Affordable Homeownership Program

Application Form

Applicant Information:

Full Name (Applicant):	Band Number:
Contact Number:	Email:
Mailing Address:	
Full Name (Co-Applicant):	Band Number:
Contact Number:	Email:
Mailing Address:	

Residential Information

Current Location

Address/House Number/Street/Community/City/Province:	Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Room & Board <input type="checkbox"/> Other:
Length of Time Living There:	Please indicate your monthly housing expenses:

Previous Location

Address/House Number/Street/Community/City/Province:	Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Room & Board <input type="checkbox"/> Other:
Length of Time Living There:	Please indicate your monthly housing expenses:

Please provide a description of two Siksika Houses you are interested in based on preference:

House #	Community/Location?	Estimated Cost of Repair?
House #	Community/Location?	Estimated Cost of Repair?

Financing Information

How do you intend on financing the repairs to this unit?	<input type="checkbox"/> Private Funds <input type="checkbox"/> Private Financing (Personal Loan/Line of Credit) <input type="checkbox"/> Siksika Market Housing Program
Who will perform the repairs required?	<input type="checkbox"/> Self <input type="checkbox"/> Certified General Contractor <input type="checkbox"/> Combination

Applicant Signature:

Applicant:	Co-Applicant:
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Note: For application to be deemed complete, please sign the Release of Liability form and provide it to Housing with this application.